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Express Mail No. EV 160263418 US

RD-26,387  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Technology Center 2600

Applicant: Avila et al. :  
Serial No.: 09/418,142 :  
Filed: October 14, 1999 :  
For: VOLUME IMAGING SYSTEM :

Art Unit: 2623  
Examiner: Bhatnagar, Anand P.

Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL

1. Transmitted herewith is:

**Amendment in response to Office Action dated August 13, 2002 (2 pgs.);  
Submission of Marked Up Paragraph (1 pg.); Certificate of Express Mail (1 pg.) ;  
Return Post Card**

STATUS

2. Applicant

       Claims small entity status.  
  ✓   is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, **Express Mail No. EV 160263418 US.**

FACSIMILE

Transmitted by facsimile to the Patent and Trademark Office

Date: December 13, 2002

\_\_\_\_\_  
Thomas M. Fisher  
Reg. No. 47,564

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### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within:                  | Other than small entity Fee | Small entity Fee -(if applicable) |
|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> first month | \$ 110.00                   | \$ 55.00                          |
| <input type="checkbox"/> Second month           | \$ 400.00                   | \$ 200.00                         |
| <input type="checkbox"/> Third month            | \$ 920.00                   | \$ 460.00                         |
| <input type="checkbox"/> Fourth month           | \$1,440.00                  | \$ 720.00                         |
| <input type="checkbox"/> fifth month            | \$1,960.00                  | \$ 980.00                         |
| Fee:  |                             | \$ 110.00                         |

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

— An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 110.00

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)                                    |  | (Col. 2)                              |  | (Col. 3)         | SMALL ENTITY               | OTHER THAN SMALL ENTITY |                            |
|---|--|---------------------------------------|--|------------------|----------------------------|-------------------------|----------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR |  | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | OR                      | ADDITIONAL<br>RATE FEE     |
| TOTAL<br>INDEP.                             |  | MINUS                                 |  | =                | x \$9 = \$                 |                         | x \$18 = \$                |
|   |  | MINUS                                 |  | =                | x \$42 = \$                |                         | x \$84 = \$                |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |  |                                       |  |                  | + \$130 = \$               |                         | + \$280 = \$               |
|   |  |                                       |  |                  | TOTAL ADDITIONAL<br>FEE \$ | OR                      | TOTAL ADDITIONAL<br>FEE \$ |

- (a) ☒ No additional fee for claims is required.

**OR**

- (b) \_\_\_\_\_ Total additional fee for claims required \$

## FEE PAYMENT

5. \_\_\_\_\_ Attached is a check in the sum of \$ \_\_\_\_\_
- ☒ Charge Deposit Account No. 01-2384 the sum of \$ 110.00  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. \_\_\_\_\_ Other:



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